

Jackie Morales, LCSW

VISN 9 Rural Health Consultant

Jacquelyn.Morales@va.gov; (615) 695-2199

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UTVA Report

What is the official definition of rural for VA purposes?

At this time, the Department of Veterans Affairs utilizes the US Census Bureau's definition for "Urban", "Rural" and "Highly Rural".

- **Urban Area:** Census Bureau-defined urbanized area, which is any block or block group having a population density of at least 1000 people per square mile.
- **Rural Area:** Any non-urban or non-highly rural area.
- **Highly Rural Area:** An area having < 7 civilians per square mile

Why are we focusing on rural? Because congress listened, they listened to their rural constituents and recognized that rural Veterans have a unique set of needs. In recognizing the needs of rural Veterans, Congress enacted legislation in 2006 that led to the formation of the VHA Office of Rural Health and provided special appropriations to help the Department of Veteran Affairs expand services for rural and highly rural Veterans.

The VHA Office of Rural Health was created by Congress in 2007 and falls under the direction of Ms. Patricia Vandenburg, the Assistant Deputy Under Secretary for Health for Policy and Planning.

Through collaborations with VA program offices, other Federal and state partners, and rural health communities, ORH has supported over 1,000 projects and initiatives to increase access to and quality of health care for rural and highly rural Veterans throughout the nation.

ORH is headquartered with VA Central Office in Washington, DC and supports field-based operations nationwide.

- 21 VISN Rural Consultants, and
- 3 Veterans Rural Health Resource Centers (Western, Central and Eastern Regions)
- 12 Member Secretary-appointed Veterans Rural Health Advisory Committee

You may wonder "Why is VA putting such an emphasis on serving rural Veterans?"

There are over 6.1 Million enrolled Veterans today. Of these Veterans 41% live in rural or highly rural areas.

In VISN 9 that percentage is much higher. Of the 377,337 enrolled Veterans, 56% are from rural areas.

As the result of Outreach efforts and improved access, enrollment of rural Veterans into the VA health care system has increased 15% since 2006.

The geographic regions with the largest rural Veteran enrollment into the VA health care system include almost the entire South Eastern and South Central United States as well as the Upper Midwest.

Nearly three-fourths (3/4) of enrolled rural Veterans are between the age 55 and older. This holds true for VISN 9.

Men and women from geographically rural and highly rural areas comprise about one-third of the enrolled Veterans who served in Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF).

Upon their discharge from active duty, many of these service members are returning to their rural communities.

According to a Health and Human Services report, half of the adults living in rural areas suffer from a chronic health condition.

The five most common diagnosis in rural Veterans seen as outpatients include:

- High Blood Pressure
- PTSD
- Type II Diabetes
- Depressive Disorder
- High Blood Cholesterol

Veterans living in rural areas have fewer options for:

- Specialty care, such as for Neurology, Cardiology, Oncology, Surgery and Mental health services

There is also difficulty in recruitment and retention of health care providers to rural areas.

Long distance travel can be difficult, especially for Veterans with mobility issues.

Travel can be complicated by a lack of transportation.

To achieve its mission, the Office of Rural Health has established six strategic goals and associated initiatives.

These goals and initiatives are based on data collected from geographic and clinical needs assessments, town hall meetings and recommendations from the Veterans Rural Health Advisory Committee.

ORH Goals:

1. Improve **access and quality** of health care to rural Veterans

2. Optimize use of available and emerging health information **technologies**
3. Maximize use of existing and emerging **studies and analyses**
4. Improve availability of **education and training** for VA and non-VA providers
5. Develop **collaborations** to improve and increase service options for rural Veterans
6. **Recruit and retain health care professionals** and expertise in rural communities

What are ORH and VISN 9 doing to meet these goals?

Expanding the use of Telehealth and Health Information Technology is one of ORH and VISN 9s top initiatives.

- Reduces the need for Veterans to travel long distances for care
- Brings the provider to the patient

Rural Health Initiatives include several forms of telehealth:

- Clinical Video-Telehealth (CVT), where a Veteran in a rural CBOC receives care from a provider in a VA Medical Center
- Home Telehealth (HT), where the Veteran receives care in their own home
- Store and Forward (SF) technology, which allows a patient's still images and information, such as radiological exam data and diagnostics, to be stored and transmitted from a facility or CBOC to a specialist or other provider for reading and interpretation.

Telehealth is a critical aspect of efforts to improve access to and quality of care for rural Veterans.

The ORH and VISN 9 have supported many initiatives to bring telehealth to our rural CBOCs. Specific projects have included Home Telehealth, Rural Teleretinal Screening, and Polytrauma Services.

In FY 2012, 19% of all Veterans in VISN 9 received some type of telehealth service. In FY12 we had 78,500 encounters. Dr. Marge Hagemann has led the charge for telehealth in VISN 9 and has done a remarkable job.

In the future VISN 9 will continue to identify additional services that can be provided through telehealth.

Many rural Veterans receive their Primary Care at one of over 400 rural community-based outpatient clinics (CBOCs) in the VA health care system.

With ORH support, VISN 9 has opened:

- 4 Rural Outreach Clinics

- 2 Rural CBOCs

The most recent ORH supported CBOC to open is in Sevierville, TN. Plans are to open a rural CBOC in Campbell County, Tennessee, in FY 14. Activation cost will be provided through the Office of Rural Health.

In addition to the ORH funded CBOCs, other CBOCs have opened to improve access to care.

Studies have indicated that people are more likely to seek help for a mental health problem from a member of the clergy than a healthcare professional.

With this in mind, ORH has collaborated with the National VA Chaplain Center to support the Rural Clergy Training Program.

In 2012, this program delivered 8 one-day workshops in rural areas of Virginia, North Carolina, West Virginia, Kentucky, and Tennessee. Four of VISN 9 Medical Centers were involved with this outreach effort. Trainings occurred in Somerset, KY, Carroll, KY, Morristown, TN and in Tullahoma, TN.

These workshops were open to clergy from all faith groups.

The purpose of the program is to educate rural clergy about:

- readjustment needs of returning Veterans and their families
- spiritual and psychological effects of war trauma on survivors
- how clergy and their congregations can provide support to Veterans
- how clergy can help connect a Veteran with their local VA medical center to access the benefits and services.

The program has been very well received and was featured on the VA news magazine The American Veteran and a special on NPR radio.

Training and Education: The Rural Health Professions Institute (RHPI)

RHPI is collaboration with VISN 9, Mountain Home VAMC, and ETSU. ORH has sponsored national workforce development efforts supporting the professionals who provide care to America's Veterans living in rural and highly rural areas.

Over the past 3 years RHPI has training for 624 staff from all 21 VISNs, The Institute provides healthcare improvement tools and shared innovations to improve care delivery to Veterans living in rural and highly rural areas.

The RHPI is also providing on-line learning opportunities by producing broadcasts through Virtual electronic Health University (VeHU). VeHU presentations are available for everyone (live and on demand). You simply need to register.

The last ORH initiative I'd like to talk about is one that supports the charge to end Veteran homelessness.

In FY12, ORH expanded the Enhanced-Rural Access Network Growth Enhancement Program, an integrated service-model providing community-based outreach to homeless rural Veterans.

ORH did provide funding support for the Lexington VAMCs E-RANGE program. This has housed an estimated 25 homeless Veterans in the rural community of Somerset.

VISN 9 has also received support from ORH:

- Satellite Home Based Primary Care (HBPC) (Mountain Home VAMC)
- Physical Therapy and Occupational Therapy at rural CBOCs (Louisville VAMC)
- Contract Radiology Services (Louisville VAMC)
- Transportation Assistant (Memphis VAMC)
- Geriatric Rural Scholars (VISN 9)

ORH Future Direction:

- Deepen our understanding of rural and highly rural Veterans and their needs
- Implement best practices, evidence-based strategies and innovative care delivery models across the VA system
- Enhance capacity to provide care for rural and highly rural Veterans
- Expand community collaborations and partnerships
- Guide VA and national policies affecting rural Veterans
- Continuously improve our services and programs through lessons learned

The FY 2013 budget continues to support initiatives designed to improve access to and the quality of care for Veterans residing in rural areas.

ORH has approved and funded sustainment requests that have demonstrated success in reaching milestones and achieving goals, and will continue to positively benefit rural and highly rural Veterans.

ORH is committed to improving the services available to Veterans in rural areas, and to a better and more accessible VA for all rural Veterans. We appreciate your continuing support for these goals.

